

## WIA SELF-ATTESTATION FORM

### PARTICIPANT INFORMATION

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Case No: \_\_\_\_\_

### YOUTH

*Complete this section for youth entering WIA services and self-attesting to the approved elements found below:*

#### Youth Offender

- ☐ I am a youth offender  
☐ Incarcerated Y or N  
☐ Probation Y or N

Probation Officers Name: \_\_\_\_\_

#### School Status at Participation

- ☐ In-School, H.S. or less  
☐ In-School, Alternative School  
☐ In-School, Post-H.S.  
☐ Not attending school; H.S. Dropout  
☐ Not attending school; H.S. graduate or received GED

#### Youth Needing Assistance

- ☐ I am a youth who needs additional assistance to complete an educational program.  
☐ I am a youth who requires assistance to secure and hold employment.

#### Homeless/Runaway Youth

- ☐ I am a homeless or runaway youth

#### Pregnant/Parenting Youth

- ☐ I am a pregnant or parenting youth.

### FAMILY SIZE

*Complete this section when determining family size for adults and youth entering WIA services and self-attesting to family size:*

Number in Family: \_\_\_\_\_

Family Member Names: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DISLOCATED WORKER/DISPLACED HOMEMAKER

*Complete this section for adults entering WIA services as a dislocated worker or displaced homemaker and self-attesting to the approved elements found below:*

Date of Dislocation: \_\_\_\_\_

#### Dislocated Worker:

- ☐ Terminated or Laid Off  
☐ Plant Closure or Substantial Layoff  
☐ Was Self-Employed  
☐ Displaced Homemaker

***Self-Attestation Statement:** I certify that the information given on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this document, subsequent termination from the WIA Program, or prosecution under the law.*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(required if customer is under 18)

Date: \_\_\_\_\_

Case Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_